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CONFIRMATION NO. 6971

Bib Data Sheet

|   |   |   |   |  |                                    |
|---|---|---|---|--|------------------------------------|
| <b>SERIAL NUMBER</b><br>10/849,401  | <b>FILING OR 371(c)<br/>DATE</b><br>05/19/2004<br><b>RULE</b>   | <b>CLASS</b><br>365                       | <b>GROUP ART UNIT</b><br>2827   | <b>ATTORNEY<br/>DOCKET NO.</b><br>TSMC2003-0839<br>(N1280-00090) |                                    |
| <b>APPLICANTS</b><br>Cheng-Hsiung Kuo, Jhubei city, TAIWAN;   |   |   |   |  |                                    |
| <b>** CONTINUING DATA *****</b>   |   |   |   |  |                                    |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |   |   |  |                                    |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 07/16/2004</b>  |   |   |   |  |                                    |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no   |   | <b>STATE OR<br/>COUNTRY</b><br>TAIWAN     | <b>SHEETS<br/>DRAWING</b><br>6  | <b>TOTAL<br/>CLAIMS</b><br>17                                    | <b>INDEPENDENT<br/>CLAIMS</b><br>3 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |   |   |   |  |                                    |
| Verified and Acknowledged   |   | Examiner's Signature _____ Initials _____ |   |  |                                    |
| <b>ADDRESS</b><br>08933   |   |   |   |  |                                    |
| <b>TITLE</b><br>Reference sensing circuit   |   |   |   |  |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>900   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                    |